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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) H0535.70016US00
Application Number	10/519,329-Conf. #9105	Filed September 22, 2005
For COMPOSITIONS OF HYALURONIC ACID AND METHODS OF USE		
Art Unit	1612	Examiner A. C. Milligan
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$130 Small Entity Fee \$65
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$245
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110 \$555 \$ 555.00
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730 \$865
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350 \$1175
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23/2825.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 52,318 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
<u>/Janice A. Vatland, Ph.D./</u> Signature		December 10, 2010 Date
<u>Janice A. Vatland</u> Typed or printed name		617.646.8000 Telephone Number
<small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small>		
<input type="checkbox"/>	Total of _____ forms are submitted.	

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 10, 2010

Signature: /Eileen MacKenzie/ (Eileen MacKenzie)